

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90011 009 ***150.00

DOCUMENT # P03000110359					
1. Entity Name NATHAN, INC.					
Principal Place of Business 2717 SEVILLE BLVD, #5203 CLEARWATER, FL 33764			Mailing Address P.O. BOX 5677 CLEARWATER, FL 33758-5677		
2. Principal Place of Business 201 MEHLENBACHER RD Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State BELLEAIR BLUFFS, FL		City & State		4. FEI Number APPLIED FOR 20-1932085	
Zip 33770		Country PINELLAS		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVID, JAMES C 2717 SEVILLE BLVD, #5203 CLEARWATER, FL 33764			7. Name and Address of New Registered Agent Name: DAVID, JAMES C Street Address (P.O. Box Number is Not Acceptable): 201 MEHLENBACHER RD City: BELLEAIR-BLUFFS FL Zip Code: 33770		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered/agent. SIGNATURE: DATE: 1/8/05 <small>Signature, typed or printed name of registered agent and fee is applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVID, JAMES C 2717 SEVILLE BLVD, #5203 CLEARWATER, FL 33764	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVID, JAMES C 201 MEHLENBACHER RD BELLEAIR BLUFFS, FL 33770
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JAMES C. DAVID			Date: 1/8/05 Daytime Phone #: 727 3850717		